

Occupational Medicine Today

PERHAPS the earliest of the several functions identified with occupational medicine is the emergency treatment of industrial injuries. It once accounted for most of the effort in the field of occupational medicine. Today, this has changed. The emergency treatment of industrial injured has descended to a position of lesser importance.

Occupational injuries now account for a very small portion of the total cost of illness to industry: Costs of accidental injuries and occupational diseases are less than one-third the sick leave costs of nonoccupational illness and injury. The workman who is injured in a large plant expects, and rightly so, to receive the finest emergency medical care as soon as possible, and he looks to the company for this benefit.

As the field of occupational health becomes more complex, it has logically followed that the field of environmental hygiene is becoming increasingly important to the physician in occupational medicine. New processes involving new chemicals are being developed every day to produce new and better products for the public.

The elimination and control of occupational hazards due to various gases, solvents and dusts or to ionizing radiation, is a responsibility of the physician in occupational medicine, working with other departments concerned in a company. There are special problems connected with the diagnosis and treatment of these exposures which require knowledge of the chemical make-up and toxicologic features of the substances involved.

A physician practicing occupational medicine knows the processes and chemicals involved and is in a position to recognize the special kinds of occupational exposure with which an employee comes into contact and to diagnose and treat the ills that may result.

Due to the complexities of modern industrial processes, a private practitioner may unwittingly become a party to an unwarranted claim of occupational disease or injury. The diagnosis of occupational disease should be based on scientific method, not hearsay, and in these cases private physicians should consult with physicians who specialize in occupational medicine.

Counseling on emotional problems, both occupational and nonoccupational, is not always feasible in a busy private office, and many of such problems first come to light in the industrial medical department. They do not necessarily call for a trained psychiatrist, but rather for a physician who has been taught something of psychological and emotional reactions, who knows the temperament of the individual, is familiar with the occupational situation and has time to talk to the patient.

The art of medicine practiced by the country physician consisted mainly in good two-way communications between the doctor and the patient. In a busy private office these communications may be difficult. Many physicians in occupational medicine are helping to hold this gateway of communications open.

COMMITTEE ON OCCUPATIONAL HEALTH
CALIFORNIA MEDICAL ASSOCIATION

*This is the first of a series of articles prepared by the Committee on Occupational Health.

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